



HAWAII STATE ETHICS COMMISSION
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THIS SPACE FOR OFFICE USE ONLY

STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Timmons	Amy	Brooke	(202) 861-6378
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave., NW, Suite 500			(202) 778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
America's Health Insurance Plans			(202) 778-3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave., NW, Suite 500			(202) 778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
America's Health Insurance Plans			(202) 778-3200
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave., NW, Suite 500			(202) 778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Amy Brooke Timmons			(202) 778-1147
MAILING ADDRESS (Street)			FAX
601 Pennsylvania Ave., NW, Suite 500			(202) 778-8492
(City)	(State)	(Zip Code)	
Washington	DC	20004	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
Agriculture	Education	Human Services	Science, Technology & Economic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.	
<u>Amey Brooke Timmons</u> (Signature of Lobbyist)	<u>01/10/06</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Richard Ramsay	Vice President, State Affairs
NAME OF ORGANIZATION (if applicable)	TELEPHONE
America's Health Insurance Plans	(202) 778-3200
MAILING ADDRESS (Street)	FAX
601 Pennsylvania Ave, NW, Suite 500	(202) 778-8492
(City)	(Zip Code)
Washington DC	20004
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.	
<u>[Signature]</u> (Signature of Authorizing Officer or Person Represented)	<u>1/10/06</u> (Date)